FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90106 026 ***150.00

DOCUMENT # P98000090758

1. Corporation Name
AMERICAN DREAMS INTERNATIONAL, INC.

B0101653

Principal Place of Business	Mailing Address
7768 NW 72 AVE #70 MIAMI, FL 33166	7768 NW 72 AVE #70 MIAMI, FL 33166.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3543158

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	TODD W. PALMER.	7768 NW 72 AVE #70	MIAMI, FL 33166.

8. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.
390 NORTH ORANGE AVENUE, STE 1100
ORLANDO, FL 32801

9. Name and Address of New Registered Agent

Name: TODD W. PALMER.
Street Address (P.O. Box Number is Not Acceptable): 7768 NW 72 AVE #70
Suite, Apt. #, Etc.: 70
City: MIAMI
State: FL
Zip Code: 33166.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Todd [signature] Date: 04-25-00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Todd [signature] 04-25-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #